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STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation 2006

S.D. SEC. OF STATE Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077 ^{2. DATE} Sept. 26, 2006 1. TITLE OF NEWSPAPER **Mobridge Tribune 3B. ANNUAL SUBSCRIPTION** 3A. NO. OF ISSUES PUBLISHED ANNUALLY 3. FREQUENCY OF ISSUE PRICE \$ 33 & \$47 52 Weekly 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 1413 East Grand Crossing, Mobridge, SD 57601 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 1413 East Grand Crossing, Mobridge, SD 57601 6. FULL NAME OF PUBLISHER: Larry G. Atkinson 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. COMPLETE MAILING ADDRESS **FULL NAME** Bridge City Publishing, Inc., 1413 East Grand Crossing, Mobridge, SD 57601 KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. American State Bank, 700 East Sioux, Pierre, SD 57501 **AVERAGE NO. COPIES** ACTUAL NO. COPIES **EACH ISSUED** 9. EXTENT AND NATURE OF CIRCULATION **ISSUED PRECEDING 12** NEAREST TO FILING DATE **MONTHS** 3209 3200 A.TOTAL NO. COPIES (Net Press Run) **B.PAID AND/OR REQUESTED CIRCULATION** 1. Sales through dealers and carriers, street vendors and 1484 1480 counter sales. 2. Mail Subscription 1530 1529 (Paid and or requested) C.TOTAL PAID AND/OR REQUESTED CIRCULATION 3009 3014 (Sum of 9B1 and 9B2) D.FREE DISTRIBUTION 17 18 1. BY MAIL, CARRIER OR OTHER MEANS 2. SAMPLES, COMPLIMENTARY AND OTHER FREE 0 0 COPIES 3027 E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) 3031

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete:

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Secretary/Treasurer

(Signature)

State of South Dakota

County of Million Dakota

(Seal)

Secretary/Treasurer

(Title)

Notary Public

My Commission Expires

1-29-2010

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1. Office use, left over, unaccounted, spoiled after printing

G.TOTAL (Sum of E, F1 and F2 - Should equal net press run